care of the indigent; by cities in caring for the indigent and in their emergency hospital service; by railroads, steamship companies, mining corporations, lumber corporations, commercial organizations, life insurance companies, accident and health insurance, and by various lodges and smaller organizations.

The profession, as represented by the medical societies, has endeavored to restrict, or to prohibit, contract work only so far as engaged in by lodges and a few other small organizations. Such a remedy would be about as effective as amputation of the small toe in a case of gangrene that extended to the thigh.

In many cases of contract practice the young members of the profession, just beginning, have been benefited and enabled to continue their work by reason of the fact that they would be assured at least a small income.

The interests of the people are large and are to be considered, as well as those of the profession.

Many a man can easily afford to pay his one dollar per month for protection in case of sickness or accident, who would not be able to meet a large bill for medical or surgical services, or for hospital care should he be so unfortunate as to require it.

Another point is that this practice renders a poor man, to a degree, independent; his medical bills are paid; he is at liberty to call upon his physician at any time and under any circumstances, thus often avoiding what might have been a serious illness. Laboring men, who have no homes and no one to care for them when sickness comes, are, by this practice, protected, whereas they would otherwise become, in many instances, a public charge.

Another thing to be considered is that most of the men who hold contracts for protection in case of sickness or accident, are poor men who would not be able to meet great bills from a medical practitioner; therefore the caring for these men by a system of contract practice does not draw upon, to any great degree, the receipts of the regular practitioners.

It has often been asserted that contract practice is cheap practice. This is not a fact. Any one who will sit down and carefully examine, by statistics, the receipts of the medical profession, and the payments made by the population at large to the profession, can soon satisfy himself that the average citizen does not pay one dollar per month to the medical profession for services, nor does the medical profession receive from the public this amount of money.

There is another side to this question also which should be at least mentioned. The physician who has contracted to care for any one in case of illness is always on the alert to keep that particular person from becoming ill, and in case of illness or accident, it is to the advantage of the physician to restore his patient as rapidly as possible. This same incentive, I am sorry to say, does not stimulate every physician in the profession. All of you know how many unnecessary operations are performed; how many unnecessary visits are made; how much unnecessary medicine is prescribed, all for the sake of increasing the income of the physician. In other words, with many physicians the public is his legitimate prey; he makes out of that public all he can. His practice is not only to diagnose the case before him, but to size up at the same time the length of his purse. In contract practice this temptation is removed, and there is no incentive to engage in any but honest and effective work.

We may close this condensed statement by paraphrasing the words of the great Teacher who said that "the Sabbath was made for man; not man for the Sabbath"; the medical profession exists for the people, and not the people for the medical profession.*

(* The above report has been held back, owing to lack of space. It should have been published along with the majority report, June, 1911.)

TENTATIVE CLASSIFICATION OF EXCEPTIONAL CHILDREN.

By MAXIMILIAN P. E. GROSZMANN, Pd. D., Plainfield, N. J., May, 1909, Educational Director of the National Association for the Study and Education of Exceptional Children.

A. Normal Children.
(Those who are in accord with the norm, or standard, of human nature.)

1. Typical Children.
(Those who conform to the average human type, representing the present stage of civilization.)

2. Pseudo-atypical Children.
(Those who only seemingly deviate from the average human type.)

a. Children Whose Progress in School was hindered by:
1. Change of schools;
2. Slower rate of development, without atypical retardation;
3. Temporary illness;
4. Slight physical difficulties, such as lameness and minor deformities, slightly impaired vision and hearing, adenoid vegetations, etc. This last class is similar to Group 2, of the Pathological Classes, Subnormal Group; only that it represents **retarded** instead of **arrested** development.

b. Children of Unusually Rapid Development, without genuine (pathological) precocity ("bright" children).

c. Children Who are Difficult of Management. Naughty, troublesome, spoiled children, without genuine perversity.

d. Neglected Children.

Pseudo-atypical children may be rapidly restored to normal equilibrium.

3. Atypical Children Proper.
(Those who deviate from the average human type.)

Hereditary, congenital, and environmental causes.

a. Neurotic and Neurasthenic Children.
Over-stimulation and precocity. Genius. Irritability. Excessive imagination and lack of mental and emotional poise. Hysteria (Dementia Praecox). Lack of concentration. Negativism. Contrariness. Perverse tendencies. Sexual precocity. Fears and obsessions. Defective inhibition. Tic. Motor disturbances.

Vasomoter, sensory, and trophic disturbances.

b. Children of Pathologically Retarded Development.

Impaired conceptual ability due to retarded brain development. Physiological retardation of growth rate. Special physical causes: Chronic catarrh, chronic difficulties of nutrition, serious chronic affections of vision and hearing, venereal infection, etc.

Any of these classes, through neglect or adverse environmental influences, may drop down in the scale of development, into lower classes. In other words, the individuals composing them, may lose their normal characteristics and degenerate into permanent defectiveness. It is a matter of potentials and their direction. On the other hand, having the normal potentials, atypical and pseudo-atypical children may be restored to normal equilibrium.

B. Subnormal Children.

(Those whose potentials are incomplete, or underdeveloped.

1. Defective Children.

Hereditary and congenital causes.

Epileptics, blind, deaf and dumb. deformed, paralytics, crippled, etc.

These children can never attain the perfect norm of human nature, as their potentials are incomplete.

2. Children of Arrested Development.

(Acquired abnormality or defectiveness.)

a. Pathological Classes.

Children born apparently normal, but having their development checked by:

1. Hereditary causes, manifesting themselves at certain developmental periods;
2. Special causes, as diseases, fright, accidents, etc.

The arrest of development may be only partial, as in the case of children deformed by accident; then, there will be mainly a condition of incompleteness, as in Group 1, Defective Children.

b. Submerged Classes.

Environmental influences have prevented them from attaining full maturity.

Children of arrested development will remain essentially subnormal, no matter how well they may be educated within their limits.

3. Children of Rudimentary or Atavistic Development.

The primitive type, representing mental, moral and social instincts and activities on the savage, barbarian, or generally uncivilized level.

Primitive races.

Atavistic individuals. These approach the abnormal level. They represent a reversion of instincts and capacities in spite of being born from apparently normal parents.

Groups A and B Constitute Human Society.

C. Abnormal Children.

(Those who deviate from the norm, or standard, of human nature.)

Hereditary and congenital causes.

Cretins, cretinoids; microcephalics, macrocephalics, hydrocephalics; idiots, idioimbeciles, imbeciles and feeble-minded; insane; criminals; moral imbeciles and moral perverts.

Abnormal children stand outside of human society and require custodial or institutional care permanently.

DEFINITIONS.

(Standard Dictionary.)

Norm: A rule or authoritative standard.

Normal: According to an established law or principle; conformed to a type or standard; regular or natural.

Abnormal: Deviating from the natural structure, condition, or course; unnatural.

Type: One of a class or group of objects that embodies the characteristic of the group or class; an example, model, representative, or pattern, as of an age, a school, or a stage of civilization.

Typical: Having the nature or character of a type.

PHYSICAL TEST.

Test Cards: Anatomical.

Name of Child:.....Sex:.....Male

Body Measurements: Born.....

Date:

Height, standing.....

Height, sitting.....

Weight .....

Girth, neck.....

Girth, r. arm.....

Girth, r. armbent.....

Girth, l. arm.....

Girth, l. armbent.....

Girth, chest defl.....

Girth, chest infl.....

Diam., chest a. p.....

Diam., chest trans.....

Lung capacity.....

Shoulders, diam.....

Hips, diameter.....

Girth, hips.....

Girth, abdomen .....

Girth, r. thigh.....

Girth, l. thigh.....

Girth, r. calf.....

Girth, l. calf.....

Girth, head.....

Head, a. p. diam.....

Temperature .....

Pulse .....

Respiration .....

Head, trans. diam.....

Tests and Examinations.

Anatomical. Skeleton.

Name of Child:.....Date:.....

.....

Skull, form (cf. measurements, and diagram chart)

Normal: mongol; microcephalic; makrocephalic; hydrocephalic; other peculiarities:

Chest: (cf. measurements)
Pigeon-breasted? .....
Spine:
Scoliosis? .....
Shoulders: .....
Round? .....
Asymetry? r:.....l:.....
Arms:
Length: .....
Rotch's Wrist tests: (over).....
Hands: r:.....l:.....
Number of fingers: r:.....l:.....
Position of fingers: r:.....l:.....
Legs:
Length: r:.....l:.....
Traces of hip disease?.....
Genu valgum?.....
Genu varum?.....
Arch of foot: r:.....l:.....
Number of toes: r:.....l:.....
Position of toes: r:.....l:.....
Talipes calcaneus:.....
Talipes equinus:.....
Talipes valgus:.....
Talipes varus:.....
Other observations:

Tests and Observations.
Musculature? Characteristics, &c.
Anatomical.

Name of Child:.....Date:.....
Peculiarities of Face:
Symmetry of Asymmetry:
Nose, Form:
Nates:
Turbinates:
Mouth, Lips:
Tongue:
Teeth:
Palatial arch:
Uvula:
Tonsils:
Pharynx:
Size:
Ears, Form:
Size:
Position:
Eyes, Form:
Size:
Position:
Color:
Lashes:
Brows:
Forehead, Form:
Size:
Wrinkles:
Skin, Color:
Condition:
Mammae: .....
Abdomen: .....
Genital Organs:.....
Immature? .....
Prepubescent? .....
Pubescent? .....
Adolescent? .....
Pubic Hair:.....
Adhesions? .....
Irregularities: .....
Malformations: .....
Special Characteristics:.....
Remarks:

Physiological Tests.

Name of Child:.....Date:.....
Special Senses:
Vision:
Distance:
Acuteness:
Field:
Focus:
Astigmatism:
Color: (*)
Reading Center:
Hearing: (*)
Distance:
Direction:
Accuracy:
Speech Center:
Tone perception:
Taste:
Sour:
Sweet:
Bitter:
Foods:
Non-foods:
Special Tests of acuteness:
Smell:
Foods:
Flowers:
Perfumes:
Various Substances:
Special tests:
Touch: (also indirect)
Soft and hard:
Materials:
Forms:
Tactual memory:
Special tests:

(*) Cf. special tests.

Physiological Tests. II.

Name of Child:.....Date.....
Special senses, cont.
Temperature:
Warm:
Cold:
Acuteness:
Muscular Sense:
Graduated Weight:
Muscular memory:
Muscular (weights identified):
Weight illusions:
Weight Draw line:
Walk board:
Stand on r. foot: (balance)
Stand on l. foot: (balance)
Throw ball:
Catch ball:
Tie Shoes:
Untie shoes:
Thread needles:
Grip (dynamometer):
Localization: find hidden and unhidden objects:
Find way (blindfolded)
Chorea Tests:
Front touch:
Overhead touch:
Back touch:
Knee jerk:
Habit spasms:
Neuroses:
(special chart)
Speech, articulation:
Fluency:
Structure of language:
Aphasia:
Stammering:
Stuttering:
Development:
Dexterity:
Gait:
Appetites:
Digestion:
Heart:
Lungs:
Urination:
Tests of urine, blood, and feces on different sheets.

Grossmann School, N. A. S. E. E. C.—Pathological.
Disease Record.

Name of Child.....
Date: Diagnosis: Physician: Treatment: History:
Name of Child:.....Regimen and Diet.
No. Nature of Treatment Purpose
Date Ch. of History Disc.

Tests and Examinations.

Name of Child.....
Classification.....Neuroses
Dates: Diagnostic Remarks: Name of Examiner.

Medical Examination.

Name of Child:.....Born:.....
Date:
Physician:
General Appearance:
Nutrition:
Head:
Eyes:
Pupillary Reactions:
Light:
Accom.:
Nystagmus:
Squint:
Ears:
Malformation:
Discharge:
Hearing:
Nose:
Mouth:
Teeth:
Tongue:
Palat. Arch:
Tonsils and Pharynx:
Neck:
Thyroid and Lymph Gls.:
Glands:
Inguinal:
Axillary:
Epitrochlear:
Chest:
Deformities:
Heart:
Lungs:
Spine:
Deformities:
Abdomen: .....
Contour:
Liver: .....
Spleen: .....
Tumor: .....
Hernia: .....
Genitals: .....
Prepuce: .....
Testicles:
Malform:
Discharge:
Pubic Hair:
Extremities:
Kneejerk:
Ankle clonus:
Babinski ataxia:
Tremor:
Convuls. movem.:
Gait and station:
Prehens.:
Deform.:

PROCEEDINGS OF THE SAN FRANCISCO COUNTY MEDICAL SOCIETY.

During the month of October the following meetings were held:

Section on Medicine, Tuesday, Oct. 3rd, 1911.

1—Salvarsan as a Nerve Tonic and Alterative. Douglass W. Montgomery. Discussed by Drs. Ebright, Power and Montgomery.

2—Leukemia in Children. Wm. Fitch Cheney. Discussed by Drs. Oliver, Porter and Cheney.

General Section, Tuesday, Oct. 10th, 1911

1—A Resume of the Work of the State Food and Drug Laboratory. Prof. M. E. Jaffa. Discussed by Drs. Snow, Eaton, Rosenstirn, Schmitt and Kingwell.

2—Presentation of a Case of Amyatrophic Lateral Sclerosis. H. C. McClenahan.

3—Myopathies. Langley Porter. Discussion by Drs. McClenahan, Hunkin and Porter.

4—Therapeutics of Radium. E. O. Jellinek. Discussion by Drs. Meininger, Rosenstirn, Sherman, Tait, Jellinek.

Surgical Section, Tuesday, October 17th, 1911.

1—Demonstration of a Case. Harrington B. Graham.

2—Demonstrations. Henry Myer. (a) Demonstration of Large Kidney. (b) Demonstration of a New Instrument for Removal of Pedunculated Tumors from Bladder. Discussed by Drs. Krotoszyner, Vecki and Meyer.

3—A Suggestion in the Radical Treatment of Rectal Prolapse. Dudley Tait. Discussed by Drs. Zobel, Newman, Tait.

4—Nephrectomy in a Case of Bilateral Pyonephrosis. Martin Krotoszyner.

5—Demonstration of Multiple Primary Tumors and Mixed Malignant Tumors. Ernest C. Dickson. Discussed by Drs. Ophuls and Dickson.

Eye, Ear, Nose and Throat Section, Tuesday, Oct. 24, 1911.

1—Report of a Case of Adenoid Hemorrhage with the Use of Thrombokinase. Grant Selfridge. Discussed by Drs. Tait, Graham, Welty, Molgaard, Sumner, Selfridge.

2—Demonstration of Cases. Percy Sumner. Discussed by Drs. Lucchetti, Kingwell, Green, Molgaard, Sumner.

3—Physiology of the Labyrinth. Harrington B. Graham.

Urological Section, Tuesday, Oct. 31st, 1911.

1—Permanent Suprapubic Drainage of the Bladder without Leakage. (Demonstration of Patient.) Henry Meyer. Discussed by Drs. Rigdon, Rosenstirn, Spencer and Meyer.

2—Demonstration. W. S. Johnson. (a) Cyst of Kidney. (b) Stone in Kidney. Discussed by Drs. Rigdon, Rosenstirn, Krotoszyner and Johnson.

3—Demonstration of Rare Kidney Specimens. Martin Krotoszyner.

Salvarsan as a Nerve Tonic and Alterative.*

By DOUGLASS W. MONTGOMERY, M. D., San Francisco.

Since the fall of 1907 I have been, from time to time, consulted for cutaneous symptoms by a neurasthenic, who first came on account of an erythematous eczema of the face and hands, that quickly cleared up under appropriate measures. Like many of his class he became obsessed with the idea that he had syphilis, and the agitation in regard to salvarsan shook his ideas into acts, and he came to the city resolved to receive a treatment. He told me that although he had just had a Wassermann test of his blood by a well known man, that had turned out negative, he, nevertheless, was as firmly convinced as ever that he was suffering from syphilis. I went over his history and made a physical examination, as I had done previously, and found nothing to justify such a diagnosis. The patient related some curious sexual adventures, but said he never had had connection. There was no history of a primary sore, or of any constitutional symptoms of lues, and, although I had examined him from time to time during a number of years, I had never seen any syphilitic lesions. Under the circumstances I refused to give him salvarsan, but referred him for the treatment of the headaches and pains in the limbs, from which he suffered severely, to a much respected man on internal medicine. Besides the headaches and the pains in the limbs, the patient always looked in a poor state of health, without, however, showing any decided cachexia.

* Read before the San Francisco County Medical Society, October 3, 1911.